

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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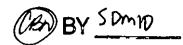
applies for a Certificate of Registration to purpose submits the following statement:		
1. The name of the limited liability compa	any is:	
TAXACT, LLC		
Is this company organized in its state or	country of formation as a low-	profit limited liability company? Yes No 📝
The name, if different, under which it pro	poses to register and transact	business in Rhode Island is:
	!	
2. The LLC is organized under the laws		
3. The date of its organization is: 2/18.	/2025	
And the period of its duration is: CHECI	K ONE BOX ONLY	
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the residen	t agent/office in Rhode Island i	s:
Agent Name CORPORATION SERVICE COMPANY		
Street Address (<u>NOT</u> a P.O. Box) 222 J	EFFERSON BOULEVAR	D, STE 200
City/Town WARWICK	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it pro	poses to pursue in the transact	ion of business in Rhode Island are:
SOFTWARE PUBLISHING		
		Check the box to indicate an attachment

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 10:36 A

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:			
3200 OLYMPUS BLVD, STE 150, COP	PELL TX 75019		
8. The mailing address for the limited liability company is:			
3200 OLYMPUS BLVD, STE 150, COPP	Eu, TX 75019		
9. Management of the Limited Liability Company: CHECK ONE BOX ONLY			
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.			
MANAGER(S) NAME	ADDRESS		
Check the box to indicate an attachment			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC	Date		
TAXACT, LLC	5/27/2025		
Signature of Authorized Person Curtis Tripoli			

RI DOS MADE EDITS PER FILER

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

Corporations Section P O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for TaxAct, LLC (file number 805939119), a Domestic Limited Liability Company (LLC), was filed in this office on March 05, 2025

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate CORPORATION SERVICE COMPANY DBA CSC - LAWYERS INCORPORATING SERVICE COMPANY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

211 E. 7TH STREET, SUITE 620

AUSTIN, TX - 78701 3218 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 15, 2025.



gave Helson

Jane Nelson Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at https://www.sos texas gov/ Fax: (512) 463-5709 TID: 10268

Dial: 7-1-1 for Relay Services Document, 1481468400003